



**CMIPS II
REQUEST FOR PROPOSAL
HHSDC 4130-141A
Addendum 12**

**Section 11B
CONTRACT**

**For the Period of Maintenance and
Operation**

STD FORM 213

STATE OF CALIFORNIA

STANDARD AGREEMENT

STD 213 (Rev 06/03)

AGREEMENT NUMBER

REGISTRATION NUMBER

1. This Agreement is entered into between the State Agency and the Contractor named below:

STATE AGENCY'S NAME

Health and Human Services Agency/Office of Systems Integration

CONTRACTOR'S NAME

2. The term of this Agreement is: through

3. The amount of this contract shall not exceed _____, consisting of _____ for the fixed price and volume dependent fixed rate tasks specified herein, plus _____ set aside for payment of work authorizations specifically authorized herein.

4. The parties agree to comply with the terms and conditions of the following exhibits which are by this reference made a part of the Agreement.

General Terms and Conditions	X pages
Exhibit 1 – Statement of Work	X pages
Exhibit 2 – System Requirements	X pages
Exhibit 3 – Deliverables and Milestones	X pages
Exhibit 4 – Rates and Pricing	X pages
Exhibit 5 - Certifications	X pages
Exhibit 6 – Performance Bond or Letter of Credit Intentionally Left Blank	X pages NA
Exhibit 7 – Federal Assurances – Non-construction Programs	X pages
Exhibit 8 – Vendor's Proposal	X pages
Exhibit 9 – Glossary and Acronyms	X pages

IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.

CONTRACTOR

CONTRACTOR'S NAME (if other than an individual, state whether a corporation, partnership, etc.)

BY (Authorized Signature)

DATE SIGNED(Do not type)

PRINTED NAME AND TITLE OF PERSON SIGNING

ADDRESS

STATE OF CALIFORNIA

AGENCY NAME

BY (Authorized Signature)

DATE SIGNED(Do not type)

PRINTED NAME AND TITLE OF PERSON SIGNING

ADDRESS

California Department
of General Services
Use Only

☐ Exempt per: